



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HOWARD REGIONAL HEALTH SYSTEM, WEST CAMPUS SPECIALTY HOSPITAL

City of Hospital: Kokomo

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Julie Pena

Email Address: jpena@communityhoward.org

Medicare Provider Number: 15-3039

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20801962
Outpatient Patient Service Revenue	\$17266588
Total Gross Patient Service Revenue	\$38068550

2. Deductions From Revenue

Contractual Allowance	\$25770453
Other Deductions	\$393137
Total Deductions	\$26163590

3. Total Operating Revenue

Net Patient Service Revenue	\$11904960
Other Operating Revenue	\$35702
Total Operating Revenue	\$11940662

4. Operating Expenses

Salaries and Wages	\$5875310	Employee Benefits	\$1469147
Depreciation and Amortization	\$449778	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$4404716
Total Operating Expenses	\$12198951		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-258289	Total Assets	\$44197259
Net Non-operating Gains over Loss	\$7108	Total Liabilities	\$1224448

Total Net Gains	\$-251181
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22689396	\$15609926	\$7079470
Medicaid	\$5213963	\$4665186	\$548777
Other Government	\$1276882	\$928697	\$348185
Other State	\$0	\$0	\$0
Other Payers	\$8888309	\$4959783	\$3928526
Total	\$38068550	\$26163592	\$11904958

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$9250	\$-9250
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	115
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$6504
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6504	
HCI Payments	\$0		
Subtotal	\$0	\$6504	\$-6504
Medicaid Shortfalls	\$548777	\$1670799	
Subtotal	\$548777	\$1677303	\$-1128526
DSH Payments	\$0		
Subtotal	\$548777	\$1677303	\$-1128526
Medicare Shortfalls	\$7079470	\$7270748	
Other Government Programs	\$348185	\$409173	
Total	\$7976432	\$9357224	\$-1380792

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$37538	\$-37538
Other Allocations	\$0	\$0	\$0

Comments

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